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ENVIRONMENTAL INFLUENCES ON DECISIONS REGARDING
STRUCTURE AND FUNCTION OF HOMES FOR THE AGED

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I. HOMES OF THE PAST

Objectives of the Homes. Many of the stereotypes of homes for the aged* are carryovers from the past. By and large, these homes had rather limited objectives which revolved around the notion that homes should be custodial institutions. It can be said that these institutions had been extensions of the poor farm, giving shelter (and little more) to the aged who had nowhere else to go. In the past, social norms required grown children to care and provide for their aged parents, and the three-generation family under one roof was common-place. The nature of American society during these years (before urbanization and large-scale industrialization) provided for a useful role for the elderly person in the home of his children.

Homes for the aged were necessary for those unwanted, with no family, without means to secure independent living, or who displayed nonconventional behavior. It was for those who fell into the "cracks" of society who were institutionalized, and who were viewed as deviants.

"Custodial care is a solution to the problem of what to do with the deviant."¹ Although Ullman is here referring to psychiatric hospitals, he calls attention to the fact that homes for the aged did perform a societal function in providing custodial care to these "outcasts." The elderly were dressed, fed, safeguarded from injuring themselves; and given but token treatment, activity, and therapy. The picture of the old age home in which many elderly people sat staring into space could well be an accurate portrait of the homes of the past.

These homes were seen as a "dumping ground" for the elderly and the aged were viewed as "both incapable and harmless."² The aim of these institutions was solely with the maintenance of the individuals until death.

Structure of the Homes. These homes were "total institutions," to use Goffman's term.³ All aspects of life in these institutions were conducted

* For the purpose of this article, homes for the aged include institutions which are sectarian or fraternal, non-profit, and care for elderly populations which do not require the same degree of medical care as is true for those in nursing homes, etc.

in the same place and under the same authority; each daily activity was carried out in the immediate company of others, all were treated alike, and required to do the same things together; every phase of the day's activities was tightly scheduled, with one activity leading at a prearranged time into the next, the whole circle of activities being imposed from above through a system of explicitly formal rules and a body of officials, with the contents of the various enforced activities being brought together as parts of a single over-all rational plan purportedly designed to fulfill the official aim of the institution.

Such a picture of institutions (to include homes for the aged) would lead to the conclusion that these institutions were bureaucratic and rational in their custodial care of the inmates; utilizing rules, regulations, and routinization to standardize and thus make efficient the care of the institutionalized. Goffman's description of these organizations resembles Max Weber's picture of bureaucratic organizations.⁴ Homes for the aged, then, were rationally conceived to provide efficient custodial care.

Most total institutions, most of the time, seem to function merely as storage dumps for inmates, ..., they usually present themselves as rational organizations designed consciously, through and through, as effective machines for producing approved ends.⁵

The formal structure with its hierarchical chain of command ensured that the organization maintained an effective means of care. Townsend, who extensively studied homes for the aged in England and Wales, found the characteristics of bureaucracies in those homes that he analyzed. He found sharp divisions of labor between matrons, wardens, attendants, and domestic help;⁶ all of whom were concerned with the smooth functioning of the organization. To maximize efficiency, "the routine was fairly rigid in most institutions;"⁷ and so, the characteristics of the "total institution" as well as the bureaucratic formal structure appear to have characterized the homes for the aged of the past.

Routinization and Standardization. The routinization and standardization of events within homes was seen necessary to maximize the effectiveness of the institution. The administrator rigidly enforced rules and regulations for not only the expeditious disposition of the elderly, but also for maintaining uniformity of task performance among employees. "The routine of life was guided by explicit rules of behavior. /Administrators/ were rarely conscious of the fact that informal sanctions of behavior could be more effective than formal rules."⁸

Due to the custodial nature of homes, directors saw little need for the utilization of professionals. Those who became sick were taken to the hospital; and doctors visited homes only periodically, giving but a moment or two to an individual. The tasks performed by staff within these homes - which emphasized mainly physical ability - required a non-professional staff.

It is true that whether a staff member saw the elderly as merely the objects of daily manipulation or in a humane and compassionate way depended upon the individual. Yet, the very nature of the institution worked against

individualized care and treatment. "The obligation of staff to maintain certain humane standards of treatment for inmates represents problems in itself, /There is a/ constant conflict between humane standards on one hand and institutional efficiency on the other."⁹ In the face of extensive routine and standard procedures, a staff member giving special attention to an individual would come into conflict with the rules and regulations of the home, and might be charged with differential care of the elderly. It was best to function within the boundaries of the rules.

As indicated, standardization and routinization could be found covering every activity and operation in the home. The elderly were but objects to be manipulated. Everyone was awoken each morning at the same time so they could be washed, dressed and ready for breakfast, allowing breakfast to be served in the most efficient way possible. Such routine and standard treatment continued throughout the day. Also, standardization of clothing, elimination of personal possessions, and lack of privacy - which was contrary to human dignity - all contributed to the efficient care of the elderly and the efficient operation of the home.¹⁰

Since there was little attention given to professional treatment, staffs had been little more than able-bodied individuals and, as one writer suggests, they did not possess characteristics needed for giving individualized care. "..., the caretakers in such institutions are poorly paid, poorly educated, and overworked, they have little incentive to humanness."¹¹

While the unskilled employees were well-suited to the rationally-conceived organization in which they worked, the professional personnel who were beginning to be hired by homes came into sharp conflict with the bureaucratic structures of the homes. Although, with time, professionals were employed to perform professional services, they were likely to become dissatisfied, feeling they were being used to maintain the discipline of routine rather than to perform their professional function properly.¹²

In summary, homes for the aged had been invested with the task of caring for those elderly individuals who were seen as deviants in the eyes of society. To effectuate custodial care, institutions utilized standardization and routine. This approach, while rational for the over-all operation of the home in fulfilling its objectives for custodial care, came into conflict with any consideration for individual or professional care.

While these homes might be viewed as closed to the outside environment, it should be realized that they were not. The objectives of these homes were merely reflections of the attitudes of society toward these elderly. It will be seen that the changing social environment came to have a great effect on homes for the aged in the years ahead.

II. ENVIRONMENTAL INFLUENCES

While some might quibble, today the homes for the aged bear little resemblance to those institutions of the past in terms of objectives and

orientations. The reasons for change in these organizations are as significant as the differences between homes past and present, for the homes of today reflect environmental pressures for change. As Katz and Kahn point out: "Organizations do not exist in a static world. The surrounding environment is in a constant state of flux and a rigid technical system, though preserved by an excellent structure, does not survive."¹³ Further: "The adaptive mechanisms /which organizations must have/ face out upon the world and are concerned with solving the conflicts that arise between present organization practices and future environmental demands."¹⁴ Thus, according to these writers, we might begin to explain the homes of today by exploring the conflicts between these institutions and the changing environment.

The Changing Society. With the passage of time, America became industrial, urban, and youth-oriented. One of the consequences was reflected in the place for the aged parent in the home of his children. As suggested earlier, only those elderly without families, friends, or means for independent living were institutionalized in homes for the aged. But the times have changed, and currently the place for the elderly person is not in the home of his children. "Modern cities with modern, small living units incapable of expansion are not suited to the three-generation family of fifty years ago, and so the two-generation conjugal family becomes the social mode."¹⁵ Or to state this point another way: "Neglect of the aged in contemporary American culture is ... basically caused by the disappearance of the tradition of parent-centeredness from Western culture."¹⁶

Concomitant with this change of values toward the aged in the home of the children is the steady increase in the length of life and therefore the increasing number of elderly persons in American society. Medical progress has guaranteed the elderly that they, as a group, are the "youngest" group of aging and aged in the history of mankind. Also, the growth of mandatory retirement policies has lead to what can be considered a new group: the class of leisure.

New Alternatives. Taken by themselves, the factors mentioned above would have seemed to be of benefit for homes for the aged (i.e., more aged living apart from their children). However, a whole host of new factors began to emerge in society which seriously undermined the necessity for these homes as custodial institutions and, indeed, threatened their future.

New Federal programs were enacted¹⁷ which benefitted the elderly and guaranteed their ability for independent and healthy living. Such programs as Community Health Services for the Aged, the Kerr-Mills Act, and Medicare ensured that medical services would be available and that medical bills would not detain the elderly from receiving needed medical care. The Food Stamp Program also made the limited financial resources of the elderly go further. Social Security benefits, Old Age Assistance, Retirement benefits, and various kinds of personal savings all went toward the ability of the aged to make their own decisions for living arrangements outside an institutional setting. Public Housing for the elderly, Mortgage Insurance for Rental Housing for the Elderly, privately-sponsored Senior Citizens Housing, and the introduction of retirement villages and communities all increased the alternatives for living arrangements of those in advanced years of age.

These public programs, coupled with private savings and retirement benefits, allowed the elderly to live independently (if mentally and physically able to). Homes for the aged were hardly sought out by these persons as desirable places to live. Increasingly, those elderly who became ill went from independent living to hospital to nursing home; thus bypassing the home for the aged. It is only after serious decline in physical and social functioning that would bring the elderly to these institutionalized homes.

"With the increase in housing developments and other services for the elderly as well as the increase in personal income, the traditional 'old folks home' is undergoing a drastic change in clientele and service."¹⁸ Whereas, in the past, the elderly generally tended to live with relatives or were institutionalized, presently homes for the aged are caught in the middle of an increasing number of elderly and the alternatives to institutionalization which reflect an enlightened social attitude toward the aging and aged. Certainly, the home for the aged rationally structured for custodial care of the past would be out of place with the changing times.

Criticisms of Institutions.

It would seem that the old age home ... /has/ progressed little beyond the poor farm or the almshouse.¹⁹ On the available evidence we are obliged to conclude reluctantly that the residential home, ..., is misconceived and inappropriate.²⁰

It would be an understatement to say that institutions for the aged have been widely criticized. Such critics, as above, attacked the nature and purpose of these institutions. These critics, and others, see homes for the aged as traditional, formally organized institutions geared for custodial care in a rational way; there being little attempt made to deal with the social and psychological needs of the residents.

Other critics assailed the formal rules and regulations, and the social and psychological damage caused by institutionalization. Some spoke of institutionalization as leading to de-individuation, disculturation, psychological damage, estrangement, isolation, and stimulus deprivation.²¹ Others used terms such as depersonalization²² and mortification²³ to describe effects. While these writers criticized institutions in general, others spoke specifically of the deleterious effects of homes for the aged. Their studies found significant correlations between institutionalization of the aged and regression,²⁴ mortality rates,²⁵ and the collapse of self-determination powers.²⁶

Such criticisms and studies which disclosed negative characteristics of institutions on those institutionalized did not fall on deaf ears. The critics were many, the findings from studies too similar to be denied. Those characteristics of institutions were viewed as not only contrary to a humanistic orientation, but were detrimental to the physical, social, and psychological well-being of those institutionalized.

Ultimately, one of the great needs in the field of institutional care, is to tear down most of the social symbolic and physical walls that surround the aged. Actions that tend toward that

achievement are creative: day care centers within homes, day resident programs, active outings, participation in neighborhood golden age clubs, the use of volunteers, donation of personal service by residents and patients to other organizations, normal movement back and forth, liberal visiting hours; all these and similar concepts help to destroy the institutional outlook, and make the institution less like a beleaguered fortress and more like a true home.²⁷

In this lengthy quotation we see the concern of one writer (a former director of a home for the aged) for the need of homes to change their images and characteristics of the "total institution" and meet the demands of the environment - with its new values, concerns, and expectations.

These pressures from the environment coming from changes in the characteristics of the elderly, changing values, alternatives to institutionalization, and wide-spread criticisms all have influenced the revision of the objectives, services, and clientele of the contemporary home for the aged. The exploration and discussion of structural and organizational modifications as a result of these external influences will be discussed next.

III. HOMES IN CONTEMPORARY SOCIETY

Up against environmental pressures, institutions are faced with two alternatives: ignore the changes or adapt to them. It is the adaption of these institutions that is of concern.

Reactions to Environmental Change. Many organizational analysts, regardless of their orientation, have explained the reaction of institutions and organizations to changing needs and expectations of the environment.

Open system theorists, such as Katz and Kahn, indicate that organizations possess adaptive mechanisms which look out from the organization to the environment to learn of trends, developments, and changes and determine how discrepancies can be resolved. This is to suggest that homes for the aged had been cognizant of the environment, and saw the necessity for change. Faced with the prospects that the aging now had alternatives, the negative characteristics of institutionalization, and the greater values placed on humane and therapeutic treatment, homes had not only to change their images but also the quality and nature of services.

The result was the growth of institutions in terms of programs and services, and also a reaching out to the environment to expand the number of individuals served and, therefore, strengthen its *raison d'etre*. "The adaptive function tends to achieve environmental constancy by bringing the external world under control. One method is to extend the boundaries of the organization so that it incorporates more of the external world."²⁸ It is submitted that the reasons why contemporary homes for the aged now display extensive medical, therapeutic, and social services can be explained by the fact that these institutions have incorporated services which had formerly been obtained outside the boundaries of the homes.

Likewise, many homes have established apartment buildings and units for independent living arrangements for the ambulatory aged. Again, this broadens the base of service in the face of changing population characteristics of the aged and changing values of society. Such current practices of many homes to provide a "meals on wheels" service and a day care program for the elderly not institutionalized reflects what Katz and Kahn suggest: that organizations which survive environmental pressures do so by expanding and that they attempt to control the sources of input and market for output.²⁹ Homes for the aged are attempting to absorb the alternatives for the aging both within the institution and outside.

James Thompson, another proponent of the open systems method of analysis, refers to this growth by absorption as "vertical integration," and says of it: "Vertical integration ... is a major way of expanding organizational domains in order to reduce or eliminate significant contingencies."³⁰ Although he was referring to manufacturing industries, he does refer this principle to organizations which deal specifically with human welfare. "Hospitals may open new outpatient clinics or establish new services - ... - to round out utilization of services; and welfare organizations may extend with new services."³¹ Homes for the aged often display such "innovations" as providing training grounds for social work and nursing students, as well as providing meals to elderly individuals living independently in the neighborhood of the institution.

Etzioni would refer to this phenomenon of growth as "goal succession," and states that there is a succession of goals "when the services of the old one is highly unsuccessful, leaving the organization to find a new goal or serve if it is to survive. It is even more common for an organization in such a situation to set additional goals or expand the scope of their old ones."³² Thus, the concept of "goal succession" also explains a tendency for growth.

Finally, there may be three additional explanations for the growth and expansion of homes for the aged. One is the cultural value placed on size and growth.³³ Another refers to the positive relationship between allocation of monetary assistance from funding resources and number of residents in the institution.³⁴ And the last explanation states: "It is often argued that increased size leads to a reduction in cost per unit produced or patient treated because functions such as organizational self-maintenance can be centralized and need not be duplicated."³⁵

What ever the reason or reasons for change and growth, there would appear to be a natural tendency for homes to grow and become more complex. This natural tendency follows the fact that environments are never static and set certain conditions which must be met by the homes to survive.

Orientation of Homes. The homes of today are vastly more complex than those of the past. Their objectives are no longer solely custodial in nature; they provide a multitude of services and programs. The needs of the institutionalized are now considered and, simultaneously, the institution is expanding into the community (or environment). "The institution

is beginning to envision itself as a facility and a service that is a true community resource. Thus it sees itself not so much as a terminal housing accommodation but more a highly specialized, technical geriatric facility,"³⁶ As a result of the shift in emphasis, complexity of activities and enlargement of the scope of functions, objectives have changed but not the structure of the homes.

If form follows function, if homes for the aged develop a structure that is best suited for its function, how can structure be interpreted in light of organizational objectives? Objectives which now appear heterogeneous and diverse. There are ways of ascertaining organizational goals and function,^{37,38} but it is not the purpose of this article to go into an analysis of specific goals, aside from indicating that changes have occurred.

It appears that while such considerations as functions, goals, and objectives are very important to interpret and analyze, the concept of orientation might be a more comprehensive dimension to ponder. It is believed that homes for the aged can be characterized by their orientations which can range from organizational to individualization.

"Problems of 'individuation' versus 'standardization' plague the mental hospitals."³⁹ It is submitted that such problems also "plague" homes for the aged, and each home resolves this perplexity differently - giving emphasis to one or the other (i.e., orientation). The attempt at individuation or a more humane nature of care can, and does, run into conflict with the effective operation of the institution. It is better for an individual to awake, dress, and wash when he likes; to eat when and what he wants; to continue to live as an individual and to be treated as such by the professionals and non-professionals who care for him. Such non-institutional behavior has been proven to be advantageous to the overall well-being of the institutionalized. Yet, meals must be prepared and served, appointments must be made to see the doctor, activities and sessions must be scheduled, beds must be made and rooms cleaned.

Since the official aim of the institution is to protect the health and welfare of the residents in the most efficient manner possible, the programs are designed to attain the goal. Thus the programs of nursing care, medical care, physical therapy, occupational therapy, meals, shelter, and the daily routines of activities, are set up on a definite schedule so that the staff of the institution can administer them efficiently.⁴⁰

Without elaborating, in this article, on the triad of economy, efficiency, and effectiveness,⁴¹ it can be stated that an institution's orientation to individual and organizational considerations (never really an either-or orientation) reflects the attempt to be economic, efficient, and effective. It is believed that the first two concepts support standardization, while the latter, individuation.

It is further suggested that because effectiveness is difficult, if not impossible, to measure in terms of medical, social, and therapeutic services, efforts to maintain a smooth running institution will be of the highest priority. This is to suggest that it is difficult to assess the effectiveness of treatment of the elderly inasmuch as their release from the home is quite unlikely (rates of release often are used as measures of effective treatment in hospitals and mental institutions) and improvement in functioning is hard to ascertain. In addition, staff can look at the aged as terminal cases in which it is just a matter of time before death. The limited training and education of non-professional staff further mitigate against the ability of the organization to fully implement an individual-theory of treatment and create a structure which would reflect and enforce this orientation.

Coupled with these considerations are the realities such as a limited budget and with it, the need to be efficient. Thus, for these many reasons, organizational needs are the major orientation of these institutions, regardless of their rhetoric. This is not to indicate that these institutions do not try to give every possible effort to de-institutionalizing their facilities, but that such attempts must come into conflict with the structures of the homes.

It has been pointed out that growth has been an evolutionary process and a result of environmental pressures. Furthermore, in terms of sheer economy, a larger home is more economical to run. Such factors for organizational growth can be seen as leading to ineffectiveness for an individualization orientation, while stressing standardization.

In a way, then, homes for the aged have become similar to the institutions for the aged of the past with their rules and regulations, and standardization and routine. Larger size and organizational complexity have perpetuated bureaucratic structuring.

Possibilities for Congruence Between Care and Structure. "Small size has a direct effect on patient treatment. Some of the favorable aspects of small organizations can be obtained if functional parts of the organization, wards and groups of wards are decentralized into what is called the unit system."⁴² Ullman was referring to psychiatric hospitals, yet, the concept of decentralization for the sake of effectiveness of treatment and care in homes for the aged is an interesting one to ponder. It is not known to what extent such efforts have been made for decentralization in homes for the aged, but in one study such efforts did appear to improve the services for the aged.⁴³ (This was measured by changes in staff attitudes and knowledge.)

There have appeared some attempts at reducing the size of homes for the aged in the effort to de-institutionalize and de-bureaucratize, and to maximize the self-reliance and self-determination for the elderly. These attempts have generally appeared in European countries.

After spending 9 weeks studying European planning for the aged, Dr. Irvin Cohen, of the Veterans' Administration, found many differences between homes for the aged in Europe and in the United States. "There is general objection to the construction of large units for the care of older people. Physicians, administrators of residential homes and nursing homes, and physi-

cians in charge of geriatric units recommend that the units are best at the level of about fifty beds."⁴⁴ The predominant theme in European homes for the aged was the attempt to keep the size as small as possible, and create the opportunity for independent living while in the institutions by allowing the elderly to eat in their rooms, decentralizing the dining areas, and assigning the able to rooms with simple cooking facilities. There was also an attempt to assign only one or two persons to a bedroom. In the following statement by Dr. Cohen, it can be seen just how far Europeans have gone in ensuring that those institutionalized are treated individually, and not as a group of aged individuals.

There is almost total absence of any planned activity programs in Europe. It is considered as an intrusion on the privacy of the individual to direct daytime activities. The residents are highly individualistic and resent this type of regimentation.⁴⁵

In the United States it would appear that the size of an organization and the characteristics resulting from size are taken as a "given" and attempts - if and when made - to individualize service and treatment are but slight modifications of existing organizational structure. Greenblatt, et al., suggest that structures should be flexible. "It needs to be a structure with a built in 'glissando' effect: capable at different times of granting many degrees of individual freedom, yet maintaining organizational stability,"⁴⁶

The problems are complex and it would appear that homes for the aged are destined to retain the characteristics of bureaucratic organizations, thus resolving the paradoxical problem of creating a home-like environment in an institutional setting. This seems to be especially true, as the physical and social conditions of persons institutionalized in homes for the aged continue to be more deteriorated than in earlier decades. Homes for the aged, in the future, will be composed of ill, elderly persons and the care to be given might be more similar to that of a hospital (or a nursing home) and less as a residential facility.

The homes for the aged of the past have changed in their goals, yet, their structures have remained basically the same. This is not to suggest that the homes have not come a long way from viewing their residents as mere passive objects. However, until the structures of the homes allow for individuation which appears to be so important to the well-being of the institutionalized and consistent with care and treatment, the ideal is a long way off before we can view such institutions as effective community resources for the aged.

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